

State of Colorado
Oil and Gas Conservation Commission

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Date Received:

EARTHEN PIT REPORT / PERMIT

This form is to be used for both reporting and permitting pits. Rule 908 describes when a Permit with prior approval, or a Report within 30 days is required for pits. Submit required attachments and forms.

Form Type: ☐ PERMIT ☒ REPORT

OGCC PIT NUMBER: 115231

NOTE: Operator to provide OGCC Pit Number only if available on an existing pit for pit report

| | | | |
|-----------------------|---------------|---------------|---------------------|
| OGCC Operator Number: | 66561 | Contact Name: | ERIN JOSEPH |
| Name of Operator: | OXY USA INC | | |
| Address: | PO BOX 173779 | Phone: | (970) 515-1169 |
| City: | DENVER | State: | CO |
| Zip: | 80217-3779 | Email: | ERIN_JOSEPH@OXY.COM |

Pit Location Information

| | | | |
|---|-----------------------|---------------------------------|-------------|
| Operator's Pit/Facility Name: | DRILL SITE 5 WEST PIT | Operator's Pit/Facility Number: | |
| API Number (associated well): | 05- | | |
| OGCC Location ID (associated location): | | Or Form 2A # | |
| Pit Location (QtrQtr, Sec, Twp, Rng, Meridian): | SENE-2-28S-70W-6 | | |
| Latitude: | 37.646910 | Longitude: | -105.179390 |
| County: | HUERFANO | | |

Operation Information

| | | | | | |
|--------------------|------------|--------------------|--------|-----------|---------|
| Construction Date: | 01/01/1983 | Actual or Planned: | Actual | Pit Type: | Unlined |
|--------------------|------------|--------------------|--------|-----------|---------|

Per rule 405.c: Operators will provide the Commission written notice 2 business days in advance of a Pit liner installation at any facility.

Pit Use/Type (Check all that apply):

| | | |
|---|---|---|
| <input type="checkbox"/> Drilling: (Ancillary, Completion, Flowback, Reserve Pits) | <input type="checkbox"/> Oil-based Mud | <input type="checkbox"/> Salt Sections or High Chloride Mud |
| <input type="checkbox"/> Production: | <input type="checkbox"/> Skimming/Settling | <input type="checkbox"/> Produced Water Storage |
| <input type="checkbox"/> Percolation | <input type="checkbox"/> Evaporation | |
| <input checked="" type="checkbox"/> Special Purpose: | <input type="checkbox"/> Flare | <input checked="" type="checkbox"/> Blowdown |
| <input type="checkbox"/> BS&W/Tank Bottoms | | |
| <input type="checkbox"/> Multi-Well Pit: | <input type="checkbox"/> Check if Rule 909.g.(1-4) applies. | |
| <input type="checkbox"/> Cuttings Trench | | |
| <input type="checkbox"/> Form 15 Exception Pit Submitted within 30 Days after Constructing (908.c): | <input checked="" type="checkbox"/> Emergency | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Plugging | | |

Method of treatment prior to discharge into pit: _____

Offsite disposal of pit contents: ☒ Injection; ☐ Commercial; ☐ Reuse/Recycle; ☐ NPDES; Permit Number: _____

Other Information: PIT IS FOR EMERGENCY BLOWDOWN ONLY. IN NORMAL OPERATIONS PIT IS NEVER USED

Site Conditions

| | | | |
|---|------|-----------------------|------|
| Enter 5280 for distance greater than 1 mile. | | | |
| Distance (in feet) to the nearest surface water: | 1200 | Ground Water (depth): | 4909 |
| Water Well: | 5280 | | |
| Distance (in feet) to nearest Building Unit: | 216 | | |
| Distance (in feet) to nearest Designated Outside Activity Area: | 5280 | | |

Pit Design and Construction

Size of Pit (in feet): Length: 40 Width: 38 Depth: 10 Calculated Working Volume (in barrels): 150

Flow Rates (in bbl/day): Inflow: 0 Outflow: 0 Evaporation: 0 Percolation: 0

Primary Liner. Type: NONE Thickness (mil): 0

Operational Lifespan, per manufacturer's specs (years): 0

Secondary Liner (if present): Type: NONE Thickness (mil): 0

Operational Lifespan, per manufacturer's specs (years): 0

Pit Emissions

Estimated tons per year (tpy) of volatile organic compounds (VOCs): Attach Pit Emission Calculations. 0

Other Information:

Operator
Comments:

Certification

Rule 909.e.(3): If an Operator allows oil or condensate (free product or sheen) to accumulate in a Pit, then the Director may revoke the Operator's Form 15 and require the Operator to close and remediate the Pit.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ERIN JOSEPH

Title: REGULATORY CONSULTANT Email: ERIN_JOSEPH@OXY.COM Date: _____

Approval

Signed: _____ Title: _____ Date: _____

Best Management Practices

| <u>No BMP/COA Type</u> | <u>Description</u> |
|-------------------------------|---------------------------|
| <input type="text"/> | <input type="text"/> |
| CONDITIONS OF APPROVAL: | |
| <u>COA Type</u> | <u>Description</u> |
| <input type="text"/> | <input type="text"/> |
| 0 COA | |

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | Stamp Upon Approval |

Total: 0 comment(s)